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IN THE CLAIMS:

Please amend the claims as follows:

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a1 Claims 1-34 (cancelled)

35. (New) A method of collecting and presenting patient data, the method comprising:

querying at least one database from a plurality of databases for patient and provider-specific data by a requestor via a database connectivity module;

determining the access status of the requestor;

selecting records on the at least one database that satisfy the query and are accessible by the requestor and visible to a selected recipient; and

presenting data to the recipient from one or more selected data fields on the at least one database in accordance with one or more objects or templates via a medium determined by the recipient.

36. (New) The method of Claim 35, wherein the at least one database is a legacy database.

37. (New) The method of Claim 35, wherein the at least one database is a proprietary database having a proprietary interface to the proprietary database.

38. (New) The method of Claim 35, wherein the querying, the determining, the selecting and the presenting steps can be applied without knowing the proprietary interface to the proprietary database.

39. (New) The method of Claim 38, wherein the data from the at least one database are presented to the recipient without modifying the at least one database and without redesigning the at least one database.

40. (New) The method of Claim 35, wherein the plurality of databases comprise a plurality of heterogeneous, cross-platform databases and wherein the at least one database can be selected from any one of the heterogeneous, cross-platform databases.

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41. (New) The method of Claim 40, wherein the heterogeneous, cross-platform databases comprise a plurality of data bases having a plurality of database infrastructure constraints and a plurality of database software constraints.

42. (New) The method of Claim 35, wherein the step of presenting the data to the recipient comprises presenting the selected data fields with one or more objects or templates in a form chosen from the group consisting of clinical records, digital images, treatment records, diagnoses, treatment plans, educational information regarding treatment, appointments, recalls, bills, patient payments and charges, insurance payments and charges, no shows, greetings, prescriptions, referrals, and referral reports.

43. (New) The method of Claim 35, wherein the requestor comprises a provider and the recipient comprises a patient.

44. (New) The method of Claim 35, wherein the step of determining access status of the requestor comprises matching an identifier and a password to values thereof stored in a password repository and wherein the password repository is not associated with the at least one database.

45. (New) The method of Claim 44, wherein the access status is determined without modifying the at least one database.

46. (New) The method of Claim 44, wherein the requestor is a patient, and the patient further supplies elements of data in response to queries, which elements are matched against the at least one database entries to grant or deny access and wherein the matching of the elements against the database entries is integrated with, but managed separately from, the at least one database.

47. (New) The method of Claim 46, wherein the patient is able to issue and maintain its access status without any assistance from a practitioner.

48. (New) The method of Claim 46, wherein the recipient is also the patient.

49. (New) The method of Claim 46, wherein the elements matched against database entries include one or more of birthdate, social security number, and other identifying information, and wherein the step of determining access status of the requestor further comprises prompting the user for additional data until an authenticated, unambiguous match is established.

50. (New) The method of Claim 35, wherein data within the at least one database includes:

a) an array of blocks of time set aside for specific procedures, each of the procedures having a unique scheduling code, and

b) an array of patients requiring a procedure, each of the procedures having a scheduling code as specified in (a); and

wherein a patient requiring a procedure schedules a block of time for the procedure by selecting a block of time having a scheduling code corresponding to the patient's scheduling code.

51. (New) The method of Claim 35, further comprising:

receiving payment for a health care provider on behalf of a patient;

posting payment information into patient accounts on the at least one database;

tracking copayments and deductibles for the patient on the databases; and

billing copayment and deductible balances to the patient with an explanation of copayments and deductibles to the patient.

52. (New) The method of Claim 51, wherein the step of tracking copayments and deductibles for the patient comprises grouping and aggregating deductibles and copayments by patient families.

53. (New) The method of Claim 52, further comprising reporting deductibles and copayments grouped and aggregated by patient families to a family member.

54. (New) The method of Claim 35, wherein the database connectivity module comprises an Open DataBase Connectivity (ODBC) module.

55. (New) The method of Claim 54, wherein the at least one database is not designed for presenting data to the recipient from one or more selected data fields on the at least one database in accordance with one or more objects or templates via a medium determined by the recipient.

56. (New) A system for collecting and presenting patient data, the system comprising:

a database connectivity module for connecting to a plurality of databases;

a data collector module;

at least one database server connected to the database connectivity module; and

a web server connected to an application server, the application server connected to the database connectivity module;

wherein the system is controlled and configured to

a) submit a query from a requestor on at least one database of the plurality of databases through the database connectivity module for patient and provider-patient specific data,

b) determine the access status of the requestor,

c) select records from the at least one open data base that satisfy the query and are accessible by the requestor and visible to a recipient, and

d) present data from one or more selected data fields from the at least one open data base to the recipient in accordance with one or more objects or templates via a medium determined by the recipient.

57. (New) The system of Claim 56, wherein the at least one database is a legacy database.

58. (New) The system of Claim 56, wherein the at least one database is a proprietary database having a proprietary interface to the proprietary database.

59. (New) The system of Claim 56, wherein the system can access the proprietary database without knowing the proprietary interface to the proprietary database.

60. (New) The system of Claim 59, wherein the system is controlled and configured to present the data from the at least one database without modifying the at least one database and without redesigning the at least one database.

61. (New) The system of Claim 56, wherein the database connectivity module can connect to a plurality of heterogeneous, cross-platform databases.

62. (New) The system of Claim 61, wherein the heterogeneous, cross-platform data bases comprise a plurality of data bases having a plurality of data base infrastructure constraints and a plurality of software constraints.

63. (New) The system of Claim 56, wherein the system is configured to receive requests for patient data over a web browser through the web server.

64. (New) The system of Claim 63, wherein the system is configured to deliver data through the web server on the web browser.

65. (New) The system of Claim 64, wherein the system includes applets in at least one repository, and the system is configured to select at least one of the applets based upon the query and present the selected data fields with the applets in a form chosen from the group consisting of clinical records, digital images, treatment records, diagnoses, treatment plans, educational information regarding treatment, appointments, recalls, bills, patient payments and charges, insurance payments and charges, no shows, greetings, prescriptions, referrals, and referral reports.

66. (New) The system of Claim 56, wherein the system is configured to determine access status of a requestor by matching an identifier and a password to values thereof stored in a password repository and wherein the password repository is not associated with the at least one database.

67. (New) The system of Claim 66, wherein the system is further configured to determined the access status without modifying the at least one database.

68. (New) The system of Claim 66, wherein the requestor is the recipient and the recipient is a patient, and the patient further supplies elements of data in response to queries, which elements are matched against the at least one database entries to grant or deny access and wherein the patient is able to issue and maintain its access status without aid from a practitioner.

69. (New) The system of Claim 68, wherein the system is configured to manage the matching of the elements against the database entries away from the at least one database.

70. (New) The system of Claim 68, wherein the elements matched against database entries include one or more of birthdate, social security number, and identifying information, and wherein the system is configured to prompt the user for additional data until an authenticated, unambiguous match is established.

71. (New) The system of Claim 56, wherein the database connectivity module comprises an Open DataBase Connectivity (ODBC) module.

72. (New) The system of Claim 56, wherein the at least one database is a provider database and wherein the database connectivity module comprises tools and applications to access the provider database and to take data from the provider database.

73. (New) The system of Claim 72, wherein the provider database is a proprietary database having an undocumented interface.

74. (New) The system of Claim 56, wherein the requestor is a patient, wherein the patient is also the recipient, and wherein the system is a patient-driven system for collecting patient data.

75. (New) The system of Claim 74, wherein the patient data comprises patient histories, questions for the practitioner, and e-mail addresses, wherein the patient data is collected without burdening a practitioner, and wherein the system is configured to receive the patient data over a designated terminal within an office of the practitioner.

76. (New) The system of Claim 75, wherein the system is configured to automatically send customized correspondence to the patient based on the patient data.



77. (New) The system of Claim 76, wherein the correspondence comprises billing reminders, appointment reminders, recall reminders, and no show reminders.

78. (New) The system of Claim 77, wherein the correspondence comprises birthday greetings.

79. (New) The system of Claim 76, wherein the correspondence comprises a correspondence regarding treatment.

80. (New) The system of Claim 56, wherein the requestor is a patient, wherein the patient is also the recipient, and wherein the system is configured to receive patient data from the patient.

81. (New) The system of Claim 80, wherein the system is able to receive the patient data from the patient without any assistance from a practitioner.

82. (New) The system of Claim 81, wherein the patient data comprises patient histories, questions for the practitioner, and e-mail addresses.

83. (New) The system of Claim 82, wherein the system is configured to automatically send a customized correspondence to the patient based on the patient data.

84. (New) The system of Claim 83, wherein the correspondence comprises billing reminders, appointment reminders, and patient greetings.

85. (New) The system of Claim 84, wherein the system is configured to receive the patient data over a designated terminal via a private network of the practitioner.

86. (New) The system of Claim 84, wherein the system is configured to received the patient data over a web site of the practitioner.

87. (New) The system of Claim 56, wherein the data presented to the recipient from the one or more selected data fields comprises a customized correspondence that is automatically delivered by the system to the recipient.

88. (New) The system of Claim 87, wherein the recipient is a patient and the patient is also the requestor.

89. (New) The system of Claim 88, wherein the customized correspondence comprises billing reminders, appointment reminders, and patient greetings.

90. (New) The system of Claim 89, wherein the customized correspondence is automatically delivered to the patient via an e-mail over a public network.

91. (New) The system of Claim 90, wherein the customized correspondence is generated from information collected from the patient via a designated terminal over a private network.

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